

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000056651

1. Corporation Name

Aqua Pure Water Solutions, Inc.

2. Principal Office Address

9845 SW 87 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

USA

3. Mailing Office Address

9845 SW 87 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-06 DSX

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/20/03

5. FEI Number

03-0518624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan m. Clark Jr.

Street Address (P.O. Box Number is Not Acceptable)

9845 SW 87 street

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Juan Clark

REGISTERED AGENT MUST SIGN

Date 3/28/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Juan m. Clark Jr.	9845 SW 87 street	miami, FL 33173

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CLARK

Date

3/28/06 (305) 460-8898

Daytime Phone #

292

AQUA PURE WATER SOLUTIONS INC.
9845 SOUTHWEST 87 STREET
MIAMI, FLORIDA 33173
TEL: 305-480-8898

March 20, 2006

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Sir/Madam:

We recently discovered that the State of Florida annual report has not been filed for the years 2004 and 2005.

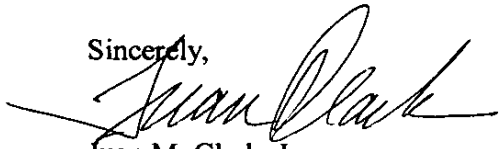
We would like to explain the reasons why these reports were never filed:

- 1) As a new business, we were not aware that an annual report needed to be filed with the State of Florida.
- 2) We never received any renewal notices from the State of Florida. We believe that the reason for not receiving the notices was our change of address in early 2004. Our correct address is listed above.

We realize that we must now renew both years, plus 2006. Therefore enclosed please find a check for \$450.

We respectfully request that you waive the reinstatement fee. We are a small corporation and assessing such a significant fee will certainly hinder our finances and cash flows. You can be sure that this will not happen again.

Sincerely,



Juan M. Clark, Jr.
President